January 2009



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ADMINISTRATIVE REVIEW APPLICATION

(Code Section 99.06, 153.037)

I. PLEASE CHECK THE TYPE OF APPLICATION:

Y OF DUBLIN,	COIC Districts Application Type Select District: (COIC Only)				
Land Use and Long Range Planning	□нор	☐ Pre-Application Review			
5800 Shier-Rings Road polin, Ohio 43016-1236	LDP	Development Plan Review			
Fax: 614-410-4600 Fax: 614-410-4747 te: www.dubfn.oh.us	□ I-VC	Administrative Review			
	□ I-cc	Admi	nistrative Departure	es	
	☑ Wireless Communication Facility				
	Please utilize the applicable Supplemental Applicati	ion Requirements	sheet for additional s	ubmittal requirements.	
I. PROPERTY INFO	PRMATION: This section must be completed.				
Property Address(es):	6790 Coffman Road, Dublin, Ohio 43016				
Tax ID/Parcel Number(s	5):		Parcel Size(s) (Acres	;):	
273-000325			Unknown		
Existing Land Use/Development: Unmanned telecommunication facility			Existing Zoning: Unknown		
3			Exioting Lorning.		
	PLEASE COMPLETE THE	FOLLOWING:			
Describe the Existing L	_and Use/Development:				
Currently on the site	is a 140' monopole, unmanned telecommunication	on facility.			
Describe the Request:					
removal of 6 existing new MMBS cabinet a	existing wireless facility, including swapping anter panel antennas, installation of 3 new panel anter and1 new BBU cabinet, removal of all existing Sp ng the existing coax route, and installation of 6 ne	nnas, removal corint antenna cor	of 3 equipment cabine	its, installation of 1	
I. CURRENT PROP	ERTY OWNER(S): Please attach additional she	eets if needed.			
Name (Individual or Org	ganization): Dubling City Se	chools	•		
Mailing Address: (Street, City, State, Zip (code) TO30 OFMAN R	24, Du	blin, ott	43017	
Daytime Telephone: 6	14-760-4317 Fax:				
Email or Alternate Cont		Dube	inschoo	Is.Net	
			YCON	13-10-A	
	Page 1 of 3	E E	COPY	DEL TO TOUR	
	7 490 1 01 0			v . i ise t ii iist i iii	

CITY OF DUBLIN PLANNING

IV. APPLICANT(S): This is the person(s) who is submitting the application if different than the property owner(s) listed in part III. Please complete if applicable. Name: Crown Castle Inc. Applicant is also property owner: yes Organization (Owner, Developer, Contractor, etc.); Tower Owner Mailing Address: 10170 Linn Station Road, Suite 525, Louisville, KY 40223 (Street, City, State, Zip Code) Daytime Telephone: (502) 318-1342 Fax: NA Email or Alternate Contact Information: SureSite Consulting (see below) V. REPRESENTATIVE(S) OF APPLICANT / PROPERTY OWNER: This is the person(s) who is submitting the application on behalf of the applicant listed in part IV or property owner listed in part III. Please complete if applicable. Name: Sarah Denney, SureSite Consulting Organization (Owner, Developer, Contractor, etc.): Site Acquisition Firm Mailing Address: 3659 Green Road, Suite 214, Cleveland, Ohio 44122 (Street, City, State, Zip Code) Daytime Telephone: (216) 593-0400 x18 Fax: (216) 593-0401 412-302-8488 Email or Alternate Contact Information: s.denney@sure-site.com 3. RYAN Q Sure - Site, Com VI. AUTHORIZATION FOR OWNER'S APPLICANT or REPRESENTATIVE(S): If the applicant is not the property owner, this section must be completed and notarized. the owner, hereby authorize to act as my applicant or representative(s) in all matters pertaining to he processing and approval of this application, including modifying the project. I agree to be bound by all representations and agr made by the designated representative. Signature of Current Property Own Check this box if the Authorizati 's Applicant or resentative(s) is attac document Subscribed and sworn before me this **Edie Carton** State of Notary Public, State of Ohio County of Notary Public My Commission Expires 02-03-2018 VII. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City recommendate essential to process this application. The Owner/Applicant, as noted below, hereby authorizes City representatives to visit, photograph and post a notice on the property described in this application. tenant Crown Castle Jarah Denney, Sure Site Consulting - Agent for, the owner or authorized representative, hereby authorize City representatives to visit, photograph and post a notice on the property described in this application.

Signature of applicant or authorized representative:

Date: 6/27/2013

VIII. UTILITY DISCLAIMER: The Owner/Applicant acknowledges the approval of this request for review by the Dublin Planning and Zoning Commission and/or Dublin City Council does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.

X. APPLICANT'S AFFIDAVIT: This section must be completed and notarized. I Sara n Denney, Sureste Constitues and notarized. I Sara n Denney, Sureste Constitues and in the complete and in this application, the owner of authorized representative, have read and understand the obtenties of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief. Signature of applicant or authorized representative: Sarah Denney Subscribed and sworn to before me this 27 day of June 2013 Subscribed and sworn to before me this 27 day of June 2013 MARY J. CICHANSK Attorney At Law NOTARY PUBLIC STATE OF OHIO SEction 147.03 O.R. of Section 147.0	provide essential services s	uch as water and sewer facilities	e a guarantee or binding commitme when needed by said Owner/Applic	cont Crown Cast le owner or authorized representative, ent that the City of Dublin will be able to cant.		
Sarah Denney Sure Site Consulting - Agent for the owner of authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief. Signature of applicant or authorized representative: Sarah Denney Date: L/2-1/2013	Signature of applicant or au	thorized representative: Sara	2h Derrey	Date: 6/27/2013		
Sarah Denney Sure Site Consulting - Agent for the owner of authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief. Signature of applicant or authorized representative: Sarah Denney Date: L/2-1/2013			O			
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Subscribed and sworn to before me this	read and understand the d	ontents of this application. The	e information contained in this ap	plication, attached exhibits and other		
Attorney At Law NOTARY PUBLIC STATE OF OHIO County of CHYANGA Notary Public May Cultural Notary Public STATE OF OHIO My Commission Date Section 147.03 O.R. FOR OFFICE USE ONLY Amount Received: \$1835 Application No: 13-102 ACT Decision: Receipt No: 412 20 3 Map Zone: A S Date Received: \$123/13 Received By: RSP Type of Request: Wiles Sommunications from No. Sec. W (Circle) Side of: Command Road N. Sec. W (Circle) Side of Nearest Intersection: Command Road of Tamescand Paramy Distance from Nearest Intersection: 4 - Ar Intersection:	Signature of applicant or au	thorized representative: Sarc	2h Derrug	Date: 6/27/2013		
State of Chilo County of Cuyahiga Notary Public May Culary Notary Public STATE OF OHIO My Commission Ha No Expiration Date Section 147.03 O.R. FOR OFFICE USE ONLY Amount Received: \$1835 Application No: 13-102 path ART Decision: Receipt No: 472 20 3 Map Zone: A 5 Date Received: \$123/13 Received By: Rep. Type of Request: Wireass tommunications facility N, SEW (Circle) Side of: Longitude Pools N, SEW (Circle) Side of Nearest Intersection: Communications Distance from Nearest Intersection: 4 - Ar Intransactions	Subscribed and sworn to be	efore me this27 day	of June , 20/3 mil			
FOR OFFICE USE ONLY Amount Received: \$1835 Application No: 13-102 ART Decision: ART Action: Receipt No: 472 203 Map Zone: A	State of Ohio		> >	NOTARY PUBLIC		
FOR OFFICE USE ONLY Amount Received: \$1835 Application No: 13-102 ART Decision: ART Action: Receipt No: 472 203 Map Zone: A	County of Cuyaha	ga_ Notary Public_	many Cularin			
FOR OFFICE USE ONLY Amount Received: \$1835 Application No: 13-102 ACT ART Decision: ART Action: Receipt No: 472 20 3 Map Zone: ART Decision: ART Action: Type of Request:				No Expiration Dat		
Amount Received: \$1835 Application No: 13-102 ART Decision: Receipt No: 472 20 3 Map Zone: A S Date Received: 9/23/13 Received By: RCR. Type of Request: Wireass tomunications facility N, S.E.W (Circle) Side of: Common Road N, S.E.W (Circle) Side of Nearest Intersection: Common Road of the total particular particul			iii)	Section 147.03 O.R		
Receipt No: 472 203 Map Zone: A 5 Date Received: 9/23/13 Received By: RSR. Type of Request: Wireass Communications facility N, S(E,W (Circle) Side of: Consended Road N, S(E,W (Circle) Side of Nearest Intersection: Consended Road Distance from Nearest Intersection: 4 - Ar Withharton	FOR OFFICE USE ONL	_Y				
Type of Request: Wireass Communications facing N, S.E.W (Circle) Side of: Communications facing N, S.E.W (Circle) Side of Nearest Intersection: Communications of tambeauto Phonography Distance from Nearest Intersection: 4 - At Withholdson	Amount Received: \$ 1835	Application No: 13-102 ACTW	ART Decision:	ART Action:		
N, S(E)W (Circle) Side of: Longwood Road N, S(E)W (Circle) Side of Nearest Intersection: Confinant Road of tauteout Parunage Distance from Nearest Intersection: 4 - Ar WITHERSTITED	Receipt No: 472 20 3	Map Zone: AL 5	Date Received: 9/23/13	Received By: RSP		
Distance from Nearest Intersection: 4-AT INTERSECTION	Type of Request: WIRESS COMMUNICATIONS FACILITY					
Distance from Nearest Intersection: 4 - AT INTERSECTION	N, S, E, W (Circle) Side of:	CORRMAN ROAD				
Distance from Nearest Intersection: 4 - AT INTERSECTION	N, SEW (Circle) Side of N	earest Intersection: Confine	al RODD of tauted	us paeupon		
	Existing Zoning District:	P	•			